Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

NISAL CORP
PO BOX 24809
HOUSTON TX 77029

Respondent Name

NEW HAMPSHIRE INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-12-0092-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to RULE §134.60(p) 'Non-emergency health care requiring preauthorization includes:…(7) all psychological testing end psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program.' Therefore, an initial psychological interview (Initial Mental Health Evaluation) does not require pre-authorization." "Please be advised that this patient was in a pre-authorized or Division exempted return-to-work rehabilitation program, therefore preauthorization for the repeat interview was not required."

Amount in Dispute: $710.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Requestor seeks reimbursement in the amount of $710.00 for services rendered on May 6, 2011. Respondent asserts that the billed services were for either a pre-authorized or Division exempted return to work rehabilitation program, which does not require pre-authorization. As provided in this response, Respondent properly disputed the charges services, and no reimbursement is owed." "Requestor has failed to provide any evidence of preauthorization. Respondent has no information indicating that work hardening or chronic pain management has been pre-authorized or that the injured worker is part of a preauthorized or Division exempted return to work program. Respondent has not provided any documentation showing that it is part of a preauthorized or Division exempted return to work rehabilitation program. The medical report for May 6, 2011 indicates the following:

> [Claimant] was referred for psychological evaluation by Dr. Connell, his treating physician requesting input regarding treatment planning. Particularly, whether a referral for mental health treatment would be appropriate at this time. This evaluation included a clinical interview with [Claimant] to determine whether or not he is experiencing depression or anxiety or other mental health symptoms related to his injury.

This report does not indicate that it is part of a preauthorized or Division exempted return to work rehabilitation program. "

Response Submitted by: Burns Anderson Jury & Brenner, L.L.P., P.O. Box 26300, Austin, TX 78755-6300

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 6, 2011	Psychological Services – CPT Code 90801, 90887, 90889, 96101	$710.00	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. 28 Texas Administrative Code §134.600, requires preauthorization for specific treatments and services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated June 20, 2011
   - 94-Processed in Excess of charges. $0.00
   - 197-Precertification/authorization/notification absent.
   - 080-001-Review of this bill has resulted in an adjusted reimbursement for entire bill of $0.00.
   - 910-049-Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
   - 075-001-The allowance for this code has been included in the allowed amount in explanation code 080-001.
   - 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

   Explanation of benefits dated September 1, 2011
   - 94-Processed in Excess of charges. $0.00
   - 197-Precertification/authorization/notification absent.
   - 080-001-Review of this bill has resulted in an adjusted reimbursement for entire bill of $0.00.
   - 910-049-Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
   - 075-001-The allowance for this code has been included in the allowed amount in explanation code 080-001.
   - 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
   - 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
   - 900-Based on further review, no additional allowance is warranted.

Issues

1. Did the disputed treatment require preauthorization? Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier denied reimbursement for the disputed services based upon reason codes "197-Precertification/Authorization/Notification absent," and "910-049-Payment denied/reduced for absence of, or exceeded, pre-certification/authorization".

   28 Texas Administrative Code §134.600(p)(7) states "Non-emergency health care requiring preauthorization includes: (7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program."

   The requestor states in the position summary that "According to RULE §134.60(p) 'Non-emergency health care requiring preauthorization includes:…(7) all psychological testing end psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program.' Therefore, an initial psychological interview (Initial Mental Health Evaluation) does not require pre-authorization."

The respondent states in the position summary that "Requestor has failed to provide any evidence of preauthorization. Respondent has no information indicating that work hardening or chronic pain management has been pre-authorized or that the injured worker is part of a preauthorized or Division exempted return to work program."

Review of the submitted documentation finds that the requestor did not submit documentation to support that the claimant was in a Division exempt return-to-work program or that preauthorization was obtained for the disputed treatment. As a result, the insurance carrier's EOB denial of "197" and "910-049" are supported and no reimbursement is recommended.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support the reimbursement amount sought by the requestor. The Division concludes that the requestor failed to support its position that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

		5/9/2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.